

PLEASE WRITE PLAINLY, WITH UNFADING INK  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr J H Wellerston

Reg. Dist. No. ....

93d

163

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County ..... **K Garrett**  
 City or town ..... **Bloomington**

(If outside city or town limits, write RURAL and give nearest town)

**70 years**

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? - - - - -

## 3. (a) FULL NAME

**PHILADELPHIA HAIDY ELLIOTT**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife ..... **Scott Elliott**7. Birth date of deceased (mo., day, yr.) ..... **October 9, 1862**8. AGE: Years **85** Months **0** Days **25** If less than one day hrs. min.9. Birthplace ..... **Barton, Allegany, Maryland**

(Town, county, and state)

10. Usual occupation ..... **Domestic**11. Industry or business ..... **Own home**12. Name ..... **Frederick S. Poland**13. Birthplace ..... **Barton, Maryland**14. Maiden name ..... **Mary Jane Howell**15. Birthplace ..... **Barton, Maryland**16. Informant ..... **Mrs Edith Beard**Address ..... **Bloomington, Maryland**17. Burial ..... **Burial** Date thereof ..... **Nov. 7, 1947**

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory ..... **Bloomington Cemetery**Location ..... **Bloomington, Maryland**18. Funeral director ..... **Ellsworth S. Beal**Address ..... **Westernport, Maryland**19. **11-7 1947** Dorey Patterson  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... **Maryland** County ..... **Garrett**City or town ..... **Bloomington**

(If outside city or town limits, write RURAL and give nearest town)

Street No. - - - - - (If rural, give LOCATION) **C**

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

November 4th 1947

7:25

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on **May 3rd** 1947

Immediate cause of death

**Myocardic degeneration**

DURATION

**6 mo**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address ..... **Baltimore 3029** Date signed **11-6-47**

RECEIVED

NOV 8 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 100826

## 1. PLACE OF DEATH:

County: Garrett  
City or town: Oakland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mrs. Lucy Ann Fulk

## 4. Sex

Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced  
Married

Charles Fulk

## 6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 13, 1877

6.(c) If alive, give age years

8. AGE: Years 70 Months 5 Days 4 If less than one day  
hrs. min.

9. Birthplace

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

12. Name Jacob Hauser

13. Birthplace Garrett Co., Md.

14. Maiden name Margaret Ann Roth

15. Birthplace Garrett Co., Md.

16. Informant Mrs. Margaret Morris

Address Oakland, Md.

17. Burial Date thereof November 20/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Red House

Location near Oakland, Md.

18. Funeral director Envoy Bolden

Address Oakland, Md.

19. (Date rec'd by registrar) 11/20/47 Julie A. Brown

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Oakland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1947, at 5:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4 Sept 1847 to 17 Nov 1947, and that I last saw her alive on 16 Nov 1947.

Immediate cause of death

Carcinoma Liver with ascites -

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

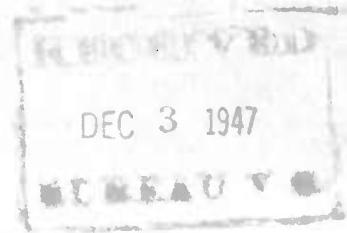
Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address Oakland Md Date signed 18 Nov 47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10507

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

134 a

1. PLACE OF DEATH:  
 County... Garrett  
 City or town... Oakland, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, Institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State... Maryland County... Garrett  
 City or town... Oakland, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.

3. (a) FULL NAME  
 William Andrew Gonder.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married,

6. (b) Name of husband or wife... Hattie Gonder.

7. Birth date of deceased (mo. day, yr.) November 12th, 1882.

8. AGE: Years 65 Months 0 Days 14 If less than one day hrs. min.

9. Birthplace... Oakland, Maryland.  
 (Town, county, and state)

10. Usual occupation... Merchant.

11. Industry or business

MOTHER FATHER  
 12. Name... Andrew B. Gonder.  
 13. Birthplace... Cumberland, Maryland.

MOTHER  
 14. Maiden name... Mary Martha Casteel.  
 15. Birthplace... Garrett County.

16. Informant... Mrs. Hattie Gonder.

Address... Oakland, Maryland.

17. Burial... Date thereof Nov. 29/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... St. Peters Cemetery.

Location... Oakland, Maryland.

18. Funeral director... Harry D. Baldwin.

Address... Lakewood, Md.

19. 11/29/47 Jilia A. Brown  
 (Date rec'd by registrar) (Date of death) (Registrar)

3. (b) Social Security Number  
 None

## MEDICAL CERTIFICATION P. M.

20. DATE OF DEATH... November 26th 1947 1:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21, 1947, to Nov. 26, 1947, and that I last saw him alive on Nov. 23, 1947.

Immediate cause of death... Pulmonary embolism

Due to... Post-operative state resulting from nephritis

Due to... Nephritis

Other conditions... (Include pregnancy within 3 months of death)

Major findings or operations... Nephritis - left kidney

Date of op. Sept 1947

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury... Injured at work?

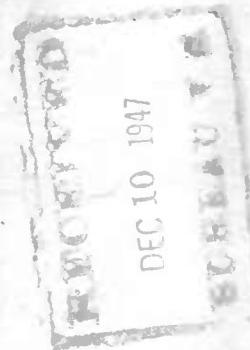
23. SIGNATURE... P. J. Baumgarther M.D.

M. D. or other

Address... Oakland, Md.

Date signed Dec 1947

operated on at Doctor Hospital  
Washington D.C.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10683

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County... Garrett

City or town... Oakland, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Life time

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett

City or town... Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (b) Social Security Number

None

## 3. (a) FULL NAME

Lucretia Francis King Hogue.

4. Sex Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Charles L. Hogue.

Deceased

7. Birth date of deceased (mo. day. yr.) May 10th, 1866

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
81 6 1 hrs. min.9. Birthplace Garrett County, Maryland  
(Town, county, and state)

10. Usual occupation Practical Nurse.

11. Industry or business

MOTHER FATHER  
12. Name Issac King.  
13. Birthplace Garrett County, MD14. Maiden name Unknown  
15. Birthplace Unknown16. Informant Mrs. Paul Kempfer.  
Address Oakland, Maryland.17. Burial Date thereof Nov. 13/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Oakland Cemetery.

Location Oakland, Maryland.

18. Funeral director Emissary Bolden  
Address Baltimore, Md.19. 11/13/47 47 Julia A. Brown  
(Date rec'd by registrar) 19 (Date of death) 47  
Registrar

## MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH November 11th, 1947 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1 1947 to Nov. 10 1947

and that I last saw her alive on Nov. 10 1947

Immediate cause of death

Myocardial failure

DURATION

Due to

Due to Coronary thrombosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

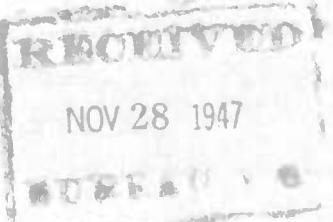
Means of injury

Injured at work?

23. SIGNATURE J. E. Lamm M.D.

M. D. or other

Address Oakland, Md. Date signed Nov. 13/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10084

## CERTIFICATE OF DEATH

468  
166

Reg. Dist. No.

1. PLACE OF DEATH:  
County..... Garrett  
City or town..... Oakland, Md., Route 1.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Henry Howell.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single.

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... 6. (c) If alive, give age..... years  
August 23d, 1864.

8. AGE: Years	Months	Days	If less than one day
83	2	27	hrs. min.

9. Birthplace..... Garrett County, Maryland.  
(Town, county, and state)

10. Usual occupation..... Retired Farmer.

11. Industry or business

MOTHER FATHER  
12. Name..... Henry Howell.  
13. Birthplace..... Unknown.

MOTHER  
14. Maiden name..... Sarah E. Green.  
15. Birthplace..... Barton, Maryland.

16. Informant..... Mrs. LeRoy Friend.

Address..... Oakland, Md., Route #1  
Burial..... Date thereof Nov. 23/47.  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Glen Dale Cemetery.  
Location..... Near Oakland, Md.

18. Funeral director..... Ensay D. Baldeau  
Address..... Oaklawn, Md.

19. 11/23/47 1947 Julian A. Roman  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Garrett  
City or town..... Oakland, Md., Route #1  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

None.

## MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH..... November 21st 1947 at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

Arteriosclerosis

Due to..... carcinoma of Liver

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURES..... E. Bumgarner, Jr., Julia A. Roman  
M. D. or other

Address..... Oakland, Md. Date signed 11/27/47

DEC 3 1947

SEARCHED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10508

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

Garrett County

Mt. Lake Park, City or town

(If outside city or town limits, write RURAL and give nearest town)

53 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

Loch Lynn Heights

How long in hospital or institution?

## 3. (a) FULL NAME

Jennie M. (Stever) Lipscomb

## 4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

P. T. Lipscomb

## 6.(b) Name of husband or wife

85

6.(c) If alive, give age years

## 7. Birth date of deceased (mo. day, yr.)

February 9, 1862

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

Huntingdon Co., Pa.

## 9. Birthplace

(Town, county, and state)

House Wife

## 10. Usual occupation

Own Home

## 11. Industry or business

John Stever

## MOTHER FATHER

Huntingdon Co., Pa.

## MOTHER FATHER

Unknown

## 14. Maiden name

## 15. Birthplace

P. T. Lipscomb

## 16. Informant

Mt. Lake Park, Md.

## Address

Burial

Date thereof Nov. 30, 1947

## (Burial, cremation, or removal. Which?)

(month) (day) (year)

Baptist Cemetery

## Cemetery or crematory

Calvin; Huntingdon Co., Pa.

## Location

## 18. Funeral director

Herbert C. Leighton

## Address

Oakland, Maryland.

## 19. Date rec'd by registrar

1947

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Garrett

## State

Mt. Lake Park,

## City or town

(If outside city or town limits, write RURAL and give nearest town)

Loch Lynn Heights

## Street No.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

November 27,

1947

at 11:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 November 1947 to 27 November 1947

and that I last saw her alive on 25 November 1947

## Immediate cause of death

Chronic Occlusion

## Due to

Arteriosclerosis

## Due to

Anemia, nutritional

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

A. G. Marie MA

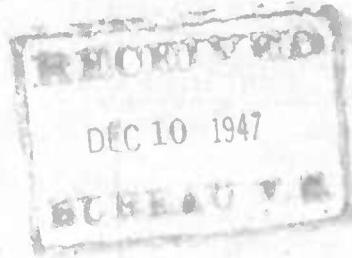
M. D. or other

## Address

Oakland NY

Date signed

Nov. 30, 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

100852  
Reg. Dist. No.

**1. PLACE OF DEATH:** Garrett  
 County.....  
 City or town..... Rural - Jennings  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Life time  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
(For newborn infants give residence of mother)  
 State..... Maryland County..... Garrett  
 City or town..... Rural - Jennings, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
(If rural, give LOCATION)  
 2.(a) If veteran, name war.....

**3. (a) FULL NAME** William David Meyers

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Male	White			

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) November, 22, 1939

8. AGE: Years Months Days If less than one day  
 7 11 18 hrs. min.

9. Birthplace..... Rural - Jennings, Garrett, Maryland  
(Town, county, and state)

10. Usual occupation..... School Boy

11. Industry or business

FATHER 12. Name..... Herman Wm. Meyers  
 13. Birthplace..... Near Jennings, Md.

MOTHER 14. Maiden name..... Gladys E. Bowser  
 15. Birthplace..... Near Bittinger, Md.

16. Informant..... Herman Meyers  
 Address..... Near Jennings, Md.

17. Burial..... Cemetery or Crematory..... Grantsville  
 Date thereof..... Nov. 21, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Location..... Grantsville, Md.

18. Funeral director..... Alvin Winterberg  
 Address..... Grantsville, Maryland

19. (Date rec'd by registrar) Nov 20 1947  
 (Date signed) Ethel Brookwater  
 Registrar

**3. (b) Social Security Number**  
 None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov 18 1947  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 Nov 18 1947, to Nov 18 1947  
 and that I last saw him alive on Nov 18 1947

Immediate cause of death..... Encephalitis  
 Due to.....

Due to.....

Other conditions..... Colitis acute  
(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... H. P. Davis M.D.  
 M. D. or other

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10086

## CERTIFICATE OF DEATH

Reg. Dist. No.

166

## 1. PLACE OF DEATH:

County Garrett

City or town Mt. Lake Park, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Richard Leon Roy.

## 4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married.

## 6.(b) Name of husband or wife

Orpha Killius Roy.

## 7. Birth date of deceased (mo., day, yr.)

May 5th 1913

6.(c) If alive, give age 30 years

## 8. AGE:

Years

Months

Days

If less than one day

34

6

17

hrs.

min.

## 9. Birthplace

Parson, W. Va.

(Town, county, and state)

## 10. Usual occupation

Salesman.

## 11. Industry or business

## MOTHER FATHER

James R. Roy.

West Va.

## MOTHER FATHER

12. Name

James R. Roy.

## 13. Birthplace

West Va.

## 14. Maiden name

Susan Fulmer.

## 15. Birthplace

Garrett County.

## 16. Informant

Mrs. Orpha Roy.

## Address

Mt. Lake Park, Md.

## 17. Burial

Date thereof Nov. 24/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Oakland Cemetery.

## Location

Oakland, Md.

## 18. Funeral director

Emory D. Bolden

## Address

Oakland, Md.

## 19. (Date rec'd by registrar)

11/24/47

19. 47

Julia A. Brown

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Mt. Lake Park, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

No. 11. Serial No.

2.(a) If veteran, name war

Bank

## 3. (b) Social Security Number

212-18-1658

## MEDICAL CERTIFICATION

A.M.

## 2D. DATE OF DEATH

November 22d

19. 47 at 6:18 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 20 1947 to November 1947

and that I last saw him alive on November 21 1947

## Immediate cause of death

Carcinoma of left lung 1/2 yrs.

DURATION

Due to Gastrostactic carcinoma to brain from liver and lymph glands.

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

O.E. Prince, M.D.

M. D. or other

Address Oakland, Md. Date signed 24 Nov 1947

RECORDED

DEC 3 1947

SEARCHED

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

10087

167

Reg. Dist. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  
Garrett  
County.....

City or town..... Rural Gorman  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME  
Earl C. Schrock

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Irene Lipscomb Schrock 29

7. Birth date of deceased (mo., day, yr.) July 23, 1887

8. AGE: Years 60 Months 3 Days 13 It less than one day ..... hrs. ..... min.

9. Birthplace Penna.  
(Town, county, and state)

10. Usual occupation Coal Miner

11. Industry or business Coal Mines

MOTHER FATHER 12. Name William Schrock

13. Birthplace Penna.

14. Maiden name Emma Bittinger

15. Birthplace Preston Co., W. Va.

16. Informant Mrs. Earl C. Schrock

Address R. D. Gorman, W. Va.

Burial 17. Date thereof Nov. 9, 1947  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Fairview Cemetery

Location 4 Mi. West Gorman, Md.

18. Funeral director Ernest E. Keighley

Address Oakland, Md.

19. 11/12 1947 Elmer C. Shaffer  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town..... Rural Gorman  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6 Mi West Gorman  
(If rural, give LOCATION)

2.(a) Is veteran, name war?

3. (b) Social Security Number  
232-09-0455

## MEDICAL CERTIFICATION

2D. DATE OF DEATH November 5, 1947 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5th 1947, to November 5th 1947, and that I last saw him alive on November 5th 1947.

Immediate cause of death Hemorrhage of Stomach  
Suspected Cancer  
Heart Lesion

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op. ....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of ....

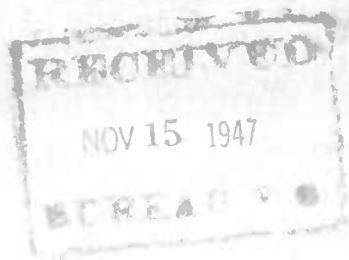
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Edward F. Schrock M. D. or other

Address Oakland, Md. Date signed 11-8-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10688

83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: Garrison  
 County: FRIENDSVILLE MD  
 City or town: (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 195 years  
 Hospital, institution, or street address where death occurred  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Md County: Garrison  
 City or town: FRIENDSVILLE MD  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war: No

3. (a) FULL NAME John Henry Shewel

4. Sex: M 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Married  
John Shewel

6. (b) Name of husband or wife: John Shewel

7. Birth date of deceased (mo., day, yr.): March 24 - 1894 6. (c) If alive, give age: 71 years

8. AGE: Years: 73 Months: 7 Days: 13 If less than one day: hrs. \_\_\_\_\_ min.

9. Birthplace: MD (Town, county, and state)

10. Usual occupation: Harness Maker

11. Industry or business: Harness Shop

FATHER: 12. Name: George Shewel  
 MOTHER: 13. Birthplace: Germany

14. Maiden name: Doris Kross  
 15. Birthplace: Germany

16. Informant: John Shewel  
 Address: FRIENDSVILLE MD

17. (Burial, cremation, or removal) Where: Cove Date thereof: Nov 1947 (month) (day) (year)

Location: Near Accident Rd

18. Funeral director: St. St Garage  
 Address: FRIENDSVILLE MD

19. Nov 10 1947 Registrar: Kathryn Tiki  
 (Date rec'd by registrar)

3. (b) Social Security Number: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 7<sup>th</sup> 1947 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 7 1947 to Nov 7 1947 and that I last saw him alive on Nov 7 1947

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations: \_\_\_\_\_

Date of op.: \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

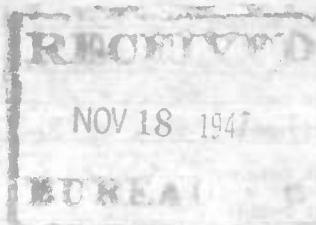
22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide: \_\_\_\_\_ Date of: \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

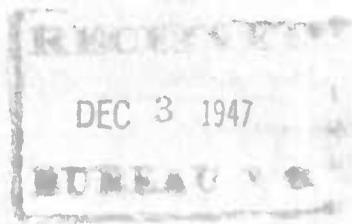
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE: Merton Jeffer, MD M. D. or other: \_\_\_\_\_  
 Address: FRIENDSVILLE MD Date signed: Nov 10th 1947









PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

10690

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

836

## CERTIFICATE OF DEATH

166

Reg. Dist. No.

## 1. PLACE OF DEATH:

Garrett  
County.....  
Oakland, Md.City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

Life time.

How long in above place of death.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Charles Franklin White.

4. Sex ..... 5. Color or race ..... 6.(a) Single, married, widowed, or divorced

Male White Married.

6.(b) Name of husband or wife..... Estella Jarboe White.

7. Birth date of deceased (mo., day, yr.) Oct. 10th, 1863

6.(c) If alive, give age..... 81 years

8. AGE: Years Months Days If less than one day  
84 1 3 hrs. min.9. Birthplace..... Garrett County, MARYLAND  
(Town, county, and state)

10. Usual occupation..... Timberman.

11. Industry or business

12. Name..... Garrett White.

13. Birthplace..... Preston County.

14. Maiden name..... Mary Shaw.

15. Birthplace..... Preston County.

16. Informant..... Mrs. Estella White.

Address..... Oakland, Md.

17. Burial Date thereof..... Nov. 16/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Oakland Cemetery.

Location..... Oakland, Md.

18. Funeral director..... Sprayy P. Bolden.

Address..... Oakland, Md.

19. 11-16-1947

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION P.M.

2D. DATE OF DEATH..... Nov. 13th, 1947, at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 16/47, to 13 nov. 1947  
and that I last saw him alive on 13 nov. 1947

Immediate cause of death..... Broncho pneumonia -

DURATION..... 6 days

Due to..... arteriosclerosis

DURATION..... 10 yrs.

Due to..... cerebral embolism

DURATION..... 4 yrs.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

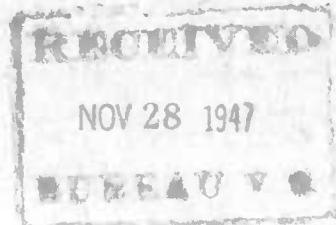
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... A.S. Phane 825  
M. D. or other

Address..... Oakland, Md. Date signed 14 nov 47

(Signature)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10691  
122a

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

## 1. PLACE OF DEATH:

County.....

GARRETT

City or town.....

GRANTSVILLE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Grantsville Md RD #1

How long in hospital or institution?

## 3. (a) FULL NAME

JUDITH-CAROL-YONKIN

## 4. Sex

F

## 5. Color of race

white Single

## 6. (a) Single, married, widowed or divorced

## B. (c) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

JULY-30-1947

## 6. (c) If alive, give age — years

## 8. AGE:

Years      Months      Days

if less than one day

3      14

— hrs. — min.

## 9. Birthplace

GARRET-CO MD

(Town, county, and state)

## 10. Usual occupation

none

## 11. Industry or business

none

## FATHER

## 12. Name

Howard G. Yonkin

## MOTHER

## 13. Birthplace

Garrett Co Md

## 14. Maiden name

Ruth E. Swanson

## 15. Birthplace

Garrett Co Md

## 16. Informant

Howard Clayton Yonkin

## Address

Grantsville Md

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov. 14-47

## Cemetery or crematory

GRANTSVILLE E.M.D. Cemetery

## Location

Grantsville Md

## 18. Funeral director

Howard McPherson

## Address

Salisbury Penna

## 19. Date rec'd by registrar

Date rec'd by registrar

1947

Ethel R. Woodruff

out

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Nov 13 1947 at 5:00 AM

July 30 1947 to Nov 13 1947

and that I last saw her alive on Nov 2 1947

Immediate cause of death

# Tranquillatol

inspiratory pernicious

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

## 23. SIGNATURE

N. P. Davis M.D.

M. D. or other

Address

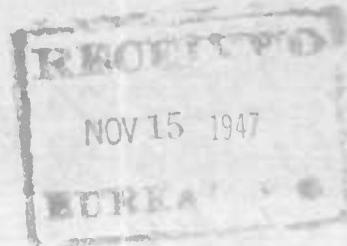
Signature

Date signed

1222077

1222077

SEARCHED



SEARCHED NOV 15 1947  
KOREA